

FILED OCT 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34568

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2575

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Pagedale)		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pagedale #291					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1200 Belrue Ave.,				d. STREET ADDRESS (If rural, give location) 1200 Belrue Ave.,					
3. NAME OF DECEASED (Type or Print) KATHERINE DIEHL			4. DATE OF DEATH Sept. 26, 1953						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 21, 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Osgood, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME August Gabelmann		13b. MOTHER'S MAIDEN NAME Sophia Wink		14. NAME OF HUSBAND OR WIFE Edward J. Diehl Dec.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edwin Diehl, 1200 Belrue Ave.,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary IN farct				DUPLICATE				30 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Pulmonary embolism				15 min	
				DUE TO (c) Thrombo-embolic phenomenon					
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				5602					
19a. DATE OF OPERATION 9-14-53		19b. MAJOR FINDINGS OF OPERATION Umbilical hernia Abdomino-Visceral adhesions				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-11 , 1953, to 9-26 , 1953, that I last saw the deceased alive on 9-25 , 1953, and that death occurred at 10:00 A.M. from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) 2 D.O.				23b. ADDRESS 6401 W. Florissant		23c. DATE SIGNED 9/28/53			
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE Sept. 29, 1953		24c. NAME OF CEMETERY OR CREMATORY Colony Removal Cem.,		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 9/28/53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Os. W. Clark 1125 Hodiamont Ave.,					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. John Olsen,
6401 West Florissant Ave.,
MU. 9136. 130 - 5001A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Alfred G. Fredelke

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.